

RECEIVED

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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EB

BY: WJG

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

Mendoza

Tony

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

56th Assembly District

Your Position

Member, California State Assembly

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2/22/2012
(month, day, year)

Signature

(2)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

SCHEDULE B Interests in Real Property (Including Rental Income)

Name

Tony Mendoza

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

11857 Arkansas Avenue

CITY

Artesia, CA 90701

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
 ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust☐ Easement☐ Leasehold

Yrs. remaining

☐ _____

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Freddy Scott

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

370 Soaring Hawk Lane

CITY

Sacramento, CA 95833

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
 ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust☐ Easement☐ Leasehold

Yrs. remaining

☐ _____

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Kevin de Leon

Gabriella Villanueva

Katherine Davis

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments:

(3)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Tony Mendoza

**SCHEDULE D
Income – Gifts**

▶ NAME OF SOURCE

City of Lakewood

ADDRESS (Business Address Acceptable)

5050 Clark Avenue, Lakewood, CA 90712

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 11	\$ 57.53	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

Cedar Fair Entertainment Company

ADDRESS (Business Address Acceptable)

One Cedar Point Drive, Sandusky, OH 44870

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Entertainment/Amusement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 08 / 11	\$ 240.00	2 - Annual Theme
___ / ___ / ___	\$ _____	Park Passes
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

City of Los Angeles

ADDRESS (Business Address Acceptable)

1400 K Street, #208, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 31 / 11	\$ 270.00	Annual Airport
___ / ___ / ___	\$ _____	Shuttle Costs
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

National Council of La Raza

ADDRESS (Business Address Acceptable)

523 W. 6th Street, #840, Los Angeles, CA 90014

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Hispanic Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 10 / 11	\$ 200.00	Tickets/Alma Awards
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

TNT Fireworks

ADDRESS (Business Address Acceptable)

555 N. Gilbert Street, Fullerton, CA 92833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Fireworks

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 04 / 11	\$ 75.00	Fireworks
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

State Farm Insurance

ADDRESS (Business Address Acceptable)

1201 K Street, #920, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 05 / 11	\$ 134.28	Dinner
11 / 02 / 11	\$ 150.00	Dinner
___ / ___ / ___	\$ _____	_____

Comments: _____

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Tony Mendoza

SCHEDULE D
Income – Gifts

► NAME OF SOURCE

Knott's Berry Farm

ADDRESS (Business Address Acceptable)

8039 Beach Blvd., Buena Park, CA 90620

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Amusement/Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 23 / 11	\$ 168.00	2 - Admission Tickets
___ / ___ / ___	\$ _____	"Fright night"
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

Comments: _____

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SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name

Tony Mendoza

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

California Issues Forum

ADDRESS (Business Address Acceptable)

1717 I Street

CITY AND STATE

Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Public Policy

DATE(S): 12 / 12 / 11 - 12 / 15 / 11 AMT: \$ 770.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

Board of Hispanic Caucus Chairs

ADDRESS (Business Address Acceptable)

1001 Congress Avenue

CITY AND STATE

Austin, TX 78701

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

Professional Association

DATE(S): 10 / 14 / 11 - 10 / 16 / 11 AMT: \$ 1,249.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Attended workshops on Public Policy Issues

► NAME OF SOURCE

Specialty Equipment Market Association

ADDRESS (Business Address Acceptable)

1317 F Street, NW, #500

CITY AND STATE

Washington DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Automotive source for research, data, etc.

DATE(S): 11 / 01 / 11 - 11 / 03 / 11 AMT: \$ 668.04
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: